

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: MUCOSAL CYTOTOXIC T LYMPHOCYTE RESPONSES the specification of which _ is attached hereto or _X was filed on _March 9, 2000 as Application No. _09/508,552 and was amended on _(if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign applications(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
PCT	US98/19028	September 11, 1998 ✓	Yes X No
			Yes No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

	Application No.	Filing Date
1 11 2 100 2	60/074,894	February 17, 1998
	60/058,523	September 11, 1997
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I eqaim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status		
		Patented	Pending	Abandoned
		Patented	Pending	Abandoned
		Patented	Pending	Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) of the Government of the United States of America as represented by the Secretary of the Department of Health and Human Services, Office of Technology Transfer, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, Section 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
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Jay A. Berzofsky	Igor M. Belyakov	Michael A. Derby
Date 5/30/2000	Date 5/30/2000	Date 5.30.2000
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